Request for Filing Divisional Application under 37 C.F.R. §1.53(b)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

For:

Transmitted herewith for filing is the Patent Application of:

Inventor: Salvatore M. Storino, et al.

METHOD FOR ELIMINATION OF PARASITIC BIPOLAR ACTION IN

SILICON ON INSULATOR (SOI) DYNAMIC LOGIC CIRCUITS

ASSIGNEE: International Business Machines Corporation

ASSIGNEE RESIDENCE: Armonk, New York

This is a request for filing a divisional application under 37 C.F.R. §1.53(b) of pending prior application Serial Number 09/240,244, filed on January 29, 1999, and entitled "METHOD AND APPARATUS FOR ELIMINATION OF PARASITIC BIPOLAR ACTION IN COMPLEMENTARY OXIDE SEMICONDUCTOR (CMOS) SILICON ON INSULATOR (SOI) CIRCUITS". The prior application has been incorporated by reference herein.

The following is attached:

| X | Transmittal sheet (in duplicate) containing Certificate of Mailing under 37 C.F.R. §1.10

Divisional Utility Patent Application, with 14 pages of Specification, 5 pages of Claims (16 total claims, of which 2 are Independent) and 1 page Abstract (filing fees calculated below)

Copy of Executed Declaration and Power of Attorney and Petition from prior application

X 4 sheets of formal drawings

X Information Disclosure Statement and Form PTO-1449

X Change of Attorney Address and Associate Power of Attorney

X Return Postcard

EXPRESS MAIL CERTIFICATE

Express Mail Label No.:

EK899953316US

Date:

December 29, 2000

I hereby certify that I am depositing the enclosed or attached paper with the U.S. Postal Service "Express Mail Post Office to Addressee" service on the above date, addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, D. 20231.

Roy W. Truelson

Divisional Application Transmittal Attorney Docket No.: RO998-200B

| For: | No. Fi | iled | No. Extra |
|-------------------|----------------|-------|-----------|
| Basic Fee | | | |
| Total Claims | 16 | -20 = | 0 |
| Indep. Claims | 2 | -3 = | 0 |
| Multiple Depender | nt Claim Prese | nted | |

| Rate | Fee | |
|------------|-----------|--|
| | \$ 710.00 | |
| x \$18.00= | 0.00 | |
| x \$80.00= | 0.00 | |
| \$270.00 | \$ 0.00 | |
| TOTAL | \$ 710.00 | |

Deposit Account Authorization:

- Please charge Deposit Account No. <u>09-0465</u> in the amount of <u>\$710.00</u>. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <u>09-0465</u>. A duplicate copy of this sheet is enclosed.
 - Any additional filing fees required under 37 C.F.R. §1.16.
 Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

SALVATORE M. STORINO, et al.

te: <u>December 29, 2000</u>

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Divisional Application Transmittal Attorney Docket No.: RO998-200B